



PRESENT DANGER PLAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES
 SFN 455 (1-2025)

FRAME Number	Present Danger Plan Effective Date
Case Name	NOTE: This Present Danger Plan may not be in place longer than 14 days from the effective date.

Describe how present danger concerns will be managed. Describe agreed upon safety actions or tasks, time frames, the responsible parties for each safety action or task, and the monitoring method for each safety action or task.

Describe Present Danger Concern(s)	Describe each safety action or task selected to control the present danger concern(s)	When will the safety action or task occur?	Safety Provider who will complete the safety action or task and where will it occur	Describe method for monitoring each safety action or task

Describe how the Safety Service Provider(s) is/are confirmed suitable to participate in the identified Present Danger Plan. Discuss their ability to meet each child's need, their alignment with the agency, and commitment to length of time.

Describe the child(ren)'s location and parent/caregiver access to the child(ren)

Print Name	Signature	Role	Date

For all Present Danger Plan participants: By signing this Present Danger Plan you are acknowledging that 1) you were informed of the action or task you have agreed to perform; 2) you understand and are in agreement with the requirements and will fulfill them to the best of your ability; 3) you agree to contact the case worker if you are unable to perform your responsibilities. Either you have received a copy of this plan or one will be mailed to you within the next 48 hours. **Absent effective safety management services, the child(ren) may be placed into protective custody if the participants in this plan are unwilling or unable to carry out the agreed upon Present Danger Plan activities.**